Summary Findings

Fiscal Year 2002-2003

Children's System of Care

An Interagency Enrollee-Based Program

CALIFORNIA DEPARTMENT OF

Mental Health

September 2003

Summary Findings (Fiscal Year 2002-2003)
Children's System of Care
Interagency Enrollee-Based Program

TABLE OF CONTENTS

PREFACE

This report is a summary of findings produced from a special outcome study of 3,198 children enrolled in the Children's System of Care (CSOC). The report was prepared for the Director of the California Department of Mental Health (DMH) by the staff of the DMH Systems of Care Division. The report was produced as a result of recent budget discussions and the Governor's directive to DMH to report CSOC outcome data in the same manner as had been done for the Integrated Services for Homeless Adults Program (AB 2034).

Prior to this special study, the method for evaluating the CSOC program focused on providing system-level outcomes and demonstrating fidelity to the program model, rather than on individual client outcomes. In comparison, the evaluation of AB 2034, an enrollee-based program, was based on individual client outcomes.

In order to comply with the Governor's directive, DMH collaborated with a group of stakeholders (including family members of mental health consumers, as well as County and State personnel), to develop and implement evaluation methods that target individual CSOC client outcomes. The California Institute for Mental Health and I.D.E.A. Consulting provided technical and analytical support for data collection and reporting. Special thanks go to the staff of the fifty-four participating counties who responded so quickly to adapt their programs to produce the data for this evaluation.

EXECUTIVE SUMMARY

Children's System of Care (CSOC) embraces many children in California. The children served through CSOC have complex needs and require multi-agency services. Children initially at risk of psychiatric hospitalization, out of home placement, poor school attendance and juvenile justice involvement were followed over time with respect to those indicators. Data comparing two six-month time periods, Pre-Enrollment and Update, demonstrated improved outcomes for children as a result of CSOC services. California counties developed work plans and budgets for enrolling and serving 4,015 children for Fiscal Year 2002-03. The findings reported here on 3,198 children reflect a subset of that number due to the fact that some children have not yet been enrolled, or were enrolled too recently to be part of the evaluation pool. Results are presented for the 3,198 children, and where indicated, are projected for the total 4,015 children (to be) enrolled. Overall, CSOC interventions and resources have been successful at helping children stay out of trouble, improve school attendance, and live at home or in another safe environment.

Children's System of Care funding has been used to develop comprehensive and seamless systems that deliver appropriate, culturally competent, child and family-centered service. This has increased the opportunities for families, schools, and communities to care for and address the needs of children who are at high risk of poor school attendance, emotional problems, out-of-home placement, and juvenile justice system involvement. Cooperative agreements among partner agencies have been developed to strengthen interagency involvement.

CSOC Intervention

The children in CSOC receive services at an intensive level, through multi-agency coordination, in order that they may achieve the most successful outcomes possible. CSOC interagency collaboration increases access to intensive community-based mental health programs, including outpatient and case management services, and school-based interventions (e.g. enhanced special day classes). CSOC also emphasizes strong family partnerships; a collaborative process between the child, family members, and service providers increases the understanding of children's complex behaviors, and leads to better outcomes.

By providing more interagency community-based mental health and interagency case management programs, a projected cost savings estimate (based on 4,015 enrollees) of $1,136,000 for psychiatric hospitalization services was realized during the six-month update period as compared to the six-month pre-enrollment period. Other positive outcomes are described below.

Out of Trouble

The majority of children in this CSOC evaluation had a history of juvenile justice system involvement. Following participation in CSOC collaborative services, there were 55% fewer misdemeanor and 65% fewer felony arrests. A conservative cost savings amount of $1.3 million for felony arrests in particular (based on 4,015 enrollees) between the

six-month pre-enrollment and update periods was estimated. In addition to the estimated cost reduction for felony arrests/convictions, the savings resulting from the decrease in misdemeanor arrests, as well as reductions in police/sheriff's department and related community/victim costs are believed to be substantial.

In School

Nearly two-thirds of the children in CSOC had a history of, or were at risk of poor school attendance prior to CSOC enrollment. After receiving CSOC services, over 82% of children initially identified by history or initial assessment as being at risk of poor school attendance improved and/or maintained good or excellent levels of school attendance. School attendance increases the probability that children will develop skills that are necessary to become functioning adults. The school setting also provides an accessible service delivery site where all agencies can deliver services and coordinate case management.

At Home/Safe

CSOC strives to maintain children at home who are at risk of being placed outside the home. Over 72% of children initially at home were maintained at home, despite their risk of out of home placement. For children who were placed outside the home due to behavioral problems and/or due to life events outside their control, CSOC reduced restrictive placements, and stabilized many children in more appropriate settings to maximize their potential for positive (behavioral) change. CSOC assessment and placement provides many children who would otherwise be passed from one placement type to another with the type of setting that is most appropriate to their needs. Appropriate living environments optimize children's opportunities for improvement and success.

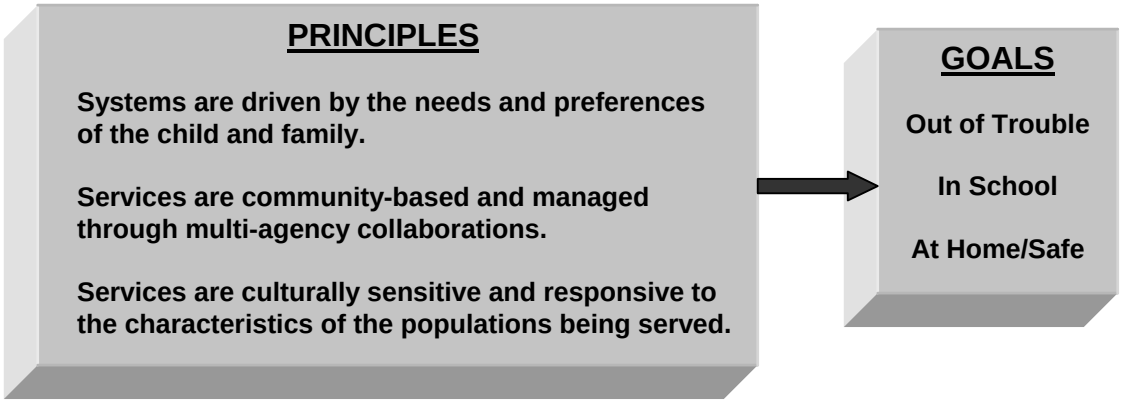
Child and Family Satisfaction

Child and family members were surveyed to determine their satisfaction with five areas related to their CSOC experiences. The survey results show an overall positive perception of access, individualized services, involvement in treatment planning, cultural sensitivity and outcomes.

INTRODUCTION

The Children's System of Care (CSOC) is more than a source of funding. It is a philosophy and a family-focused, strength-based program. CSOC funding has helped realize the vision of coordinated, multi-agency services integration for children. Coordinated contributions of Mental Health, Child Welfare, Juvenile Justice, Special Education, Drug and Alcohol, and Public Health services promote positive outcomes for children. CSOC also incorporates the values and perspectives of children and families into all aspects of service planning, delivery and evaluation.

The CSOC initiative began in the 1980's with the initial target population established prior to the 1991 realignment legislation. It was observed that children were receiving services from multiple agencies, yet in the absence of coordination of these agencies with mental health services, children's school attendance difficulties, out-of-home placement and juvenile justice system involvement remained only minimally impacted. By meeting the mental health services need and combining multiple agency resources, e.g., funding, personnel, and planning activities, CSOC reduces child and family suffering, as well as the overall cost of services provided across county agencies. Services provided through CSOC are culturally sensitive, based on children's and families' strengths, and focused on achieving positive outcomes. In addition, a philosophy of collaboration among the child, family members and service staff enhances service effectiveness and the potential for long-term success. The following diagram shows the relationship between CSOC principles and its service goals. Application of these principles to service system design and interventions yields reductions in juvenile justice system involvement, increases the safety and stability of living environments, and improves school attendance.



METHODOLOGY

Background and Context

This study was conducted in collaboration with key stakeholders to respond to the Governor's directive that CSOC demonstrate client-level accountability and cost-effectiveness in the same manner as the Integrated Services for Homeless Adults Program (AB 2034). Previous state-level evaluations of CSOC focused on system improvement rather than client-level outcomes. The summary findings of this report provide outcomes for the enrolled children, across time, in order to demonstrate the effectiveness of CSOC intensive services.

Data Reporting

The Interagency Enrollee-Based Program (IEBP) data were reported by mental health staff from fifty-four CSOC counties and included survey responses from the children and family member(s) served. Counties routinely report Client and Services Information (CSI) data to meet county, state, and federal requirements and to financially support service delivery. However, data for this one-time evaluation study were reported as a focused effort to capture client data that are not included in the CSI reporting processes.

These Summary Findings are based on data collected for 3,198 children enrolled in the Interagency Enrollee-Based Program of CSOC. California counties developed work plans and budgets for enrolling and serving 4,015 children for Fiscal Year 2002-03. The findings reported here reflect a subset of that number due to the fact that some children have not yet been enrolled, or were enrolled too recently to be part of the evaluation pool. Results are presented for the 3,198 children[1] with respect to their type(s) of initial risk. Children initially at risk of psychiatric hospitalization, out of home placement, poor school attendance and juvenile justice involvement were followed with respect to those indicators and their outcome results are presented in this report. Where indicated, results (e.g., cost savings) are projected for the total 4,015 children (including those to be enrolled or recently enrolled) from the 3,198 children evaluated.

Demographic information was reported for each child at the time of enrollment into the CSOC program. Outcome data were reported for two time periods, pre-enrollment and update. The resulting differences between these two time periods show the impact of CSOC on children's arrests, school attendance, psychiatric inpatient service utilization, access to community-based mental health programs, and living situation. The two data collection periods were:

> **Pre-Enrollment Period**: Data on each child was reported for the six months immediately preceding the child's date of enrollment into CSOC.

[1] Numbers of children reflected in the analyses vary across outcome indicators based on risk status of the child with respect to each indicator (i.e., risk of psychiatric hospitalization, out of home placement, poor school attendance and juvenile justice involvement) and the extent of missing data in either of the 6-month (pre–enrollment and update) periods. Children ages 0-4 and young adults over age 18 were also excluded due to their under-representation in the dataset.

Update Period: A six-month period of time was selected during CSOC enrollment to report update data. This update period was the same time period for all children in this study: July 1, 2002 – December 31, 2002.

County Mental Health Staff administered surveys that obtained information on the child's and family's perspectives of access, quality, outcomes, and satisfaction with services. Children (N=1,362) ages twelve and older, completed the Youth Services Survey (YSS). The child's family member(s) completed the Youth Services Survey for Families (YSS-F); there were 1,667 family members who completed the YSS-F. The YSS and the YSS-F are nationally recognized surveys that are used by most of the fifty states to evaluate consumer/family perception of children's services.

FINDINGS

This section provides demographic and outcome information for children enrolled in the Interagency Enrollee Based Program (IEBP) of the Children's System of Care (CSOC), as well as consumer/family perception information regarding services.

DEMOGRAPHIC INFORMATION

Age, gender, race/ethnicity and mental health diagnostic information are presented in the tables below. This type of descriptive information provides a basis for understanding the characteristics of the CSOC target population.

Age Category

Table 1.	CSOC IEBP Enrollees Evaluated	
Age Category	**Number**	**Percent**
0 – 4 years	31	*1.0%*
5 – 11 years	902	*28.2%*
12 –14 years	994	*31.1%*
15-17 years	1,236	*38.6%*
18 years and older	35	*1.1%*
Total	3,198	*100%*

Children were grouped into age categories reflective of developmental levels. The largest percentage (38.6%) of children was in the 15-17 year-old age group, followed by the 12-14 year-old age group. Relatively fewer younger children (ages 5-11) were represented, while the extreme age groups (ages 1-4 and over 18) accounted for only approximately 2% of the children enrolled. Some of the subsequent outcome results presented include breakouts into age groupings for comparison purposes.[1]

[1] As previously stated, the extreme age groups have not been included as age categories for subsequent analyses due to the fact that they are so minimally represented, and this could lead to over-interpretation of potential differences in outcomes.

Gender

Table 2 shows that CSOC children are considerably more likely to be male. The predominance of males is consistent with other Children's System of Care projects in the U.S. These results are also similar to those obtained for children with serious emotional disturbance and other children generally served through the California public mental health system (where the percentage of males exceeds the percentage of females by as much as 25.5%). Distribution differences with regard to gender may be influenced by the fact that emotional disorders in children that are exhibited externally (e.g., aggressive acting out, delinquency) are, due to their disruptive nature, more likely to come to the attention of mental health professionals and be targeted for inter-agency services than those that are more internal (e.g., withdrawal, depression). Externalizing symptoms are more typically exhibited by boys and internalizing symptoms by girls (although all symptoms are exhibited to some extent in all youth).

Table 2.	**CSOC IEBP Enrollees Evaluated**	
Gender	**Number**	**Percent**
Male	2,200	*68.8%*
Female	998	*31.2%*
Total	3,198	*100%*

Race / Ethnicity

Table 3 below, shows the number and percentage of CSOC children by racial/ethnic group.

Table 3.	**CSOC IEBP Enrollees Evaluated**	
Race/Ethnicity	**Number**	**Percent**
Caucasian	1,579	*49.4%*
Latino	940	*29.4%*
African-American	503	*15.7%*
Native-American	75	*2.3%*
Asian/Pacific Islander	70	*2.2%*
Other Race/Ethnicity	31	*1.0%*
Total	3,198	*100%*

Mental Disorder Diagnosis

The diagnostic information presented in Table 4, below, demonstrates the spectrum of emotional problems with which CSOC children suffer. The most prevalent diagnoses were Conduct Disorder, followed by Depression and Attention Deficit Hyperactivity Disorder (ADHD). These are serious conditions that need the multi-agency and service intensity of CSOC.

Table 4.	**CSOC IEBP Enrollees Evaluated**	
Diagnostic Category	**Number**	**Percent**
Conduct Disorder	934	*29.2%*
Depression	667	*20.9%*
ADHD	451	*14.1%*
Anxiety Disorder	356	*11.1%*
Bipolar Disorder	284	*8.9%*
Adjustment Disorder	246	*7.7%*
Schizophrenia & Other Psychotic Disorder	102	*3.2%*
Other Mental Health Diagnosis	38	*1.2%*
Deferred	120	*3.8%*
Total	3,198	*100%*[1]

Further analyses by age group and gender showed that: (1) children ages 5-11 had the highest rate of ADHD (25.0%), while children ages 15-17 had high rates of both Conduct Disorder (35.9%) and Depression (25.6%), and (2) males were more likely to have Conduct Disorder (33.1%) or ADHD (16.9%) diagnoses, while females were more likely to have Depression (32.1%).

[1] Total may not add precisely to 100% due to rounding.

CSOC INTERVENTION

When children with serious emotional disturbances learn to manage behavior through multi-agency intervention, such as therapy, medication, education, wraparound, rehabilitative and social services, they are more likely to stay out of trouble, improve school performance, and remain stable in their living situation. Effective CSOC services impact all areas of children's lives by reducing symptom distress and helping them increase their level of functioning.

Intensive community-based mental health and interagency case management services are provided in multiple settings (e.g., clinic, school, home). Children and their families develop skills to help them cope with the challenging symptoms of serious emotional disorders. While not all psychiatric hospitalizations can be prevented, a goal of CSOC is to reduce the need for inpatient services as much as possible, and to provide support in community-based settings.

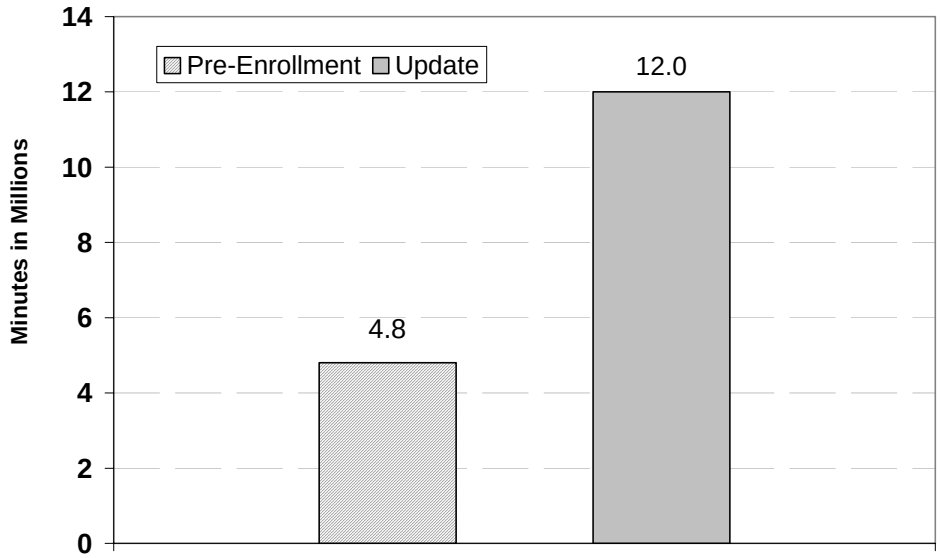
Additionally, CSOC strives to increase access for children and their families to intensive community-based mental health programs (including individual and group therapy, medication, day treatment, rehabilitation, and case management), school-based interventions (e.g., enhanced day classes) and psycho-educational support groups for parents/families. Greater access to community-based mental health programs promotes life skills that contribute to successful functioning in society, school, and in the home.

The results below demonstrate increased access to community-based mental health programs and reductions in inpatient utilization and cost that are a function of CSOC intervention.

Increased Access to Community-Based Mental Health Programs

One measure of program access is service utilization. Figure 1, below, shows the increase in community-based mental health services used by CSOC children during the six-month update period as compared to the six-month pre-enrollment period. Enrollment in CSOC increased children's community-based service access/utilization dramatically – by 150%. This increase in service utilization is an indicator of the success of multi-agency collaboration and coordination in bringing services to children where they are needed (e.g., in the home, at school, etc.). Approximately 27.7 million combined Federal, State and County dollars allowed 3,198 children with serious emotional disorders to be identified and treated with the appropriate intensity of services that resulted in positive outcomes. Eighty-one percent of the services delivered were funded by Medi-Cal (Federal/State funds) and 19% were funded by other State or County dollars.

Figure 1: CSOC Increased Overall Service Access by 150%
Total Number of Community-Based Mental Health Service Minutes
Pre-Enrollment vs. Update Period



Reduction in Psychiatric Inpatient Service Utilization/Cost

CSOC's community-based services and supports optimize the potential for psychiatric inpatient services reduction. Over 46% (1,486 / 3,198) of the children evaluated at the time of enrollment into CSOC were identified by history or initial assessment as being at risk of psychiatric hospitalization. Children (ages 5-18) at risk of psychiatric hospitalization and for whom psychiatric hospitalization data were reported for complete six-month pre-enrollment and update periods (N=1,280) were included in the following comparative analyses: During the six-month period before enrollment in CSOC, 24.8% of those children had been admitted to psychiatric inpatient care facilities. During the six-month update period, however, only 10.6% required psychiatric hospitalization, (See Figure 2). This finding represents a reduction of 57.2% in the need for inpatient care, and a 50% cost reduction (based on a $431daily inpatient rate) for inpatient services as a result of the supportive, comprehensive, community mental health programs provided through CSOC, (See Figure 3). Eighty-three percent of inpatient days were funded by Medi-Cal; 17% by State and/or County funds. The six-month cost-reduction figures for the children evaluated for this report[1], and an estimate for all the county CSOC enrollees for Fiscal Year 2002-2003 (N=4,015) are $905,000 and $1,136,000 respectively.

[1]Although only 1,280 children (ages 5-18, at risk of psychiatric hospitalization, and for whom psychiatric hospitalization data were reported for complete six-month pre-enrollment and update periods) were included in the analyses, the total figure (3,198) was used as a basis for projecting the cost savings for the total number of CSOC enrollees (4,015). It is likely that the proportion of children at risk for psychiatric hospitalization would be very similar between the group evaluated for this report (N=3,198) and the total 4,015 enrollees reflected in county work plans. However, restricting the base number of children in the projection calculation (as a function of age and completeness of available data) would have inflated the projected cost-reduction figure. Therefore, the total number of children evaluated (3,198) was used as a base figure, yielding projected cost reduction figures that are conservative estimates.

Figure 2: CSOC Reduced Need for Psychiatric Hospitalization in Children at Risk of Psychiatric Hospitalization

Percent of Children Using Inpatient Services by Age
Pre-Enrollment vs. Update Period

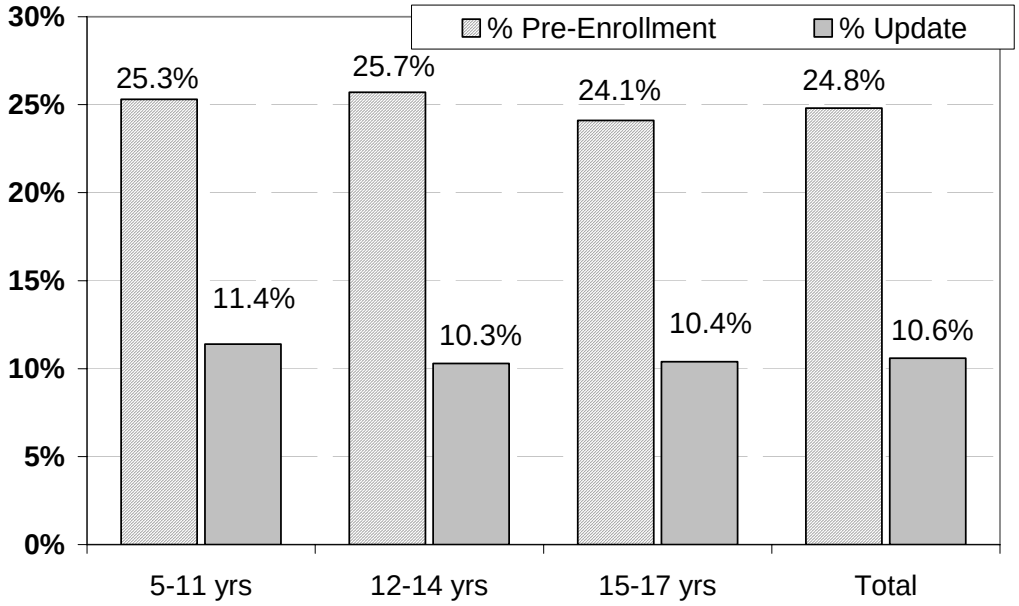
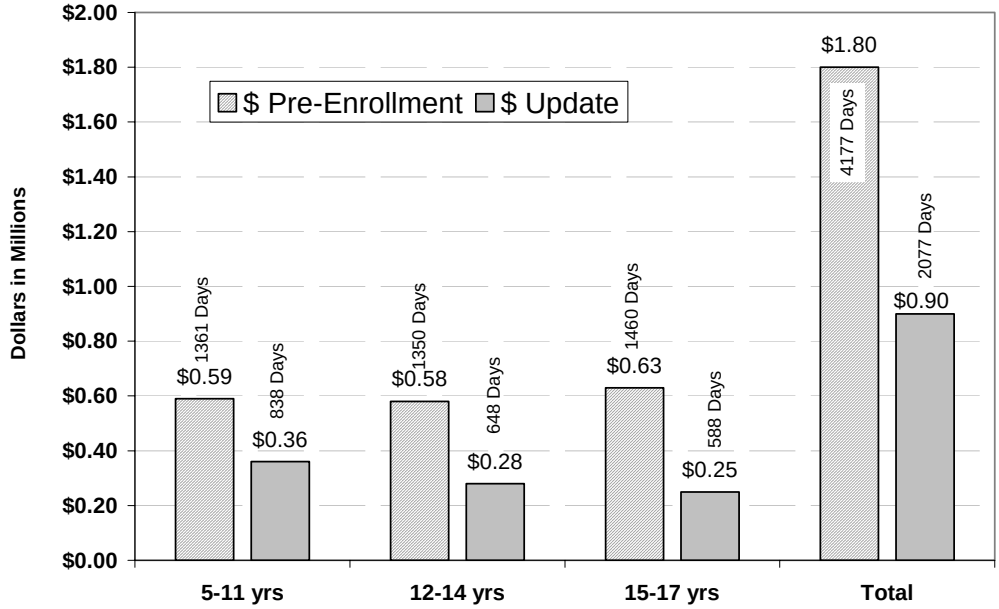


Figure 3: CSOC Reduced 6-Month Psychiatric Hospitalization Costs by 50% for Children At Risk of Psychiatric Hospitalization

Total Costs for Inpatient Services by Age Group
Pre-Enrollment vs. Update Period



Outcome: Out of Trouble

Children who are identified as having a serious emotional disturbance are likely to come to the attention of the juvenile justice system if their mental health needs are unmet.[1] A longitudinal study in Washington State[2] further demonstrated that for each felony conviction a child received, the chances of that child becoming an adult felon increased dramatically. For example, the chance of a child with three or more felony convictions becoming an adult felon was over fifty percent. Childhood intervention involving the coordination of services (such as in CSOC) from multiple agencies is therefore critical in order to prevent initial juvenile justice system involvement and/or recidivism.

A CSOC interagency team may include a probation officer, a drug and alcohol counselor, school personnel, family member(s), mental health staff, and other community support persons all working together to deliver individualized services. CSOC provides intensive, strength-based, family-focused services to meet the needs of children. Types of CSOC interventions include intensive case management, wraparound services, and psycho-educational support groups for families. Families are active partners in service planning and delivery.

[1] Cocozza, J. and Skowyra, K. (2000). "Youth with Mental Health Disorders: Issues and Emerging Responses". U.S. Department of Justice and Delinquency Prevention. Volume VII. No. 1.
[2] Barnoski, R., Aos, S. and Lieb, R, (1997). "The Class of 1988, Seven Years Later: How a Juvenile Offender 's Crime, Criminal History, and Age Affect the Chance of Becoming an Adult Felon in Washington State". Washington State Institute for Public Policy.

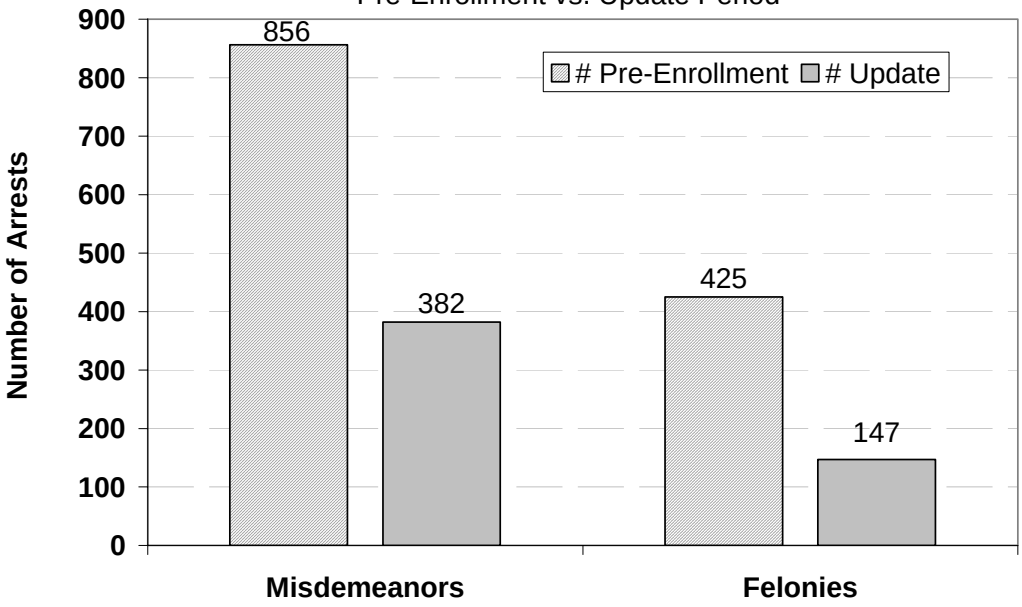
CSOC services help children manage mental health symptoms, develop emotion-management skills, learn positive social skills, and build family cohesion. The development of these skills helps children choose appropriate behaviors, and avoid behaviors that lead to arrest and further juvenile justice system actions.

Arrest and Associated Cost Reduction

When children stay out of trouble, not only are their lives and the lives of their families improved, but substantial cost savings are obtained. Nearly 60% (1,910 / 3,198) of the children evaluated at the time of enrollment into CSOC were identified by history or initial assessment as being at risk of juvenile justice system involvement. Children (ages 5-18) at risk of juvenile justice system involvement and for whom arrest data were reported for complete six-month pre-enrollment and update periods (N=1,402) were included in the comparative analyses: The number of arrests for misdemeanors and felonies decreased during the update period of CSOC, as compared to the pre-enrollment period. Figure 4, below, illustrates a 55% reduction in misdemeanors and a 65% reduction in felonies between the pre-enrollment and update periods for children at risk of juvenile justice system involvement.

Figure 4: CSOC Reduced Misdemeanors by 55%; Felonies by 65% for Children at Risk of Juvenile Justice System Involvement

Number of Misdemeanors and Felonies
Pre-Enrollment vs. Update Period



The felony arrest reduction alone[1] reflects an estimated annual judicial system (court, county clerk, district attorney and public defender) cost savings of $582,000 for the enrollees evaluated. Assuming a 63% felony conviction rate[2], an additional cost savings of $462,000 associated with detention, correction and probation was achieved for these enrollees. (Felony judicial costs of $2,094 per arrest and detention/correction/probation costs of $2,556 per 63% of arrests resulting in convictions and detention/probation sentences were used in the calculation of cost savings, above.)[3]. Projecting these cost savings to the total number of CSOC IEBP children (N= 4,015) yields judicial and

[1] There are costs associated with misdemeanor arrests as well. However, because misdemeanors are often disposed by law enforcement and not the court system, they have not been included in the cost-reduction calculation. As a result, the cost-reduction associated with felonies is a minimal estimate of the cost -savings associated with the overall reduction in arrests (both felonies and misdemeanors).

[2] The 63% felony conviction rate was obtained from the U.S. Department of Justice, Office of Justice Programs: Rainville, G.A., Smith, S.K., & Bureau of Justice Statisticians*, Bureau of Justice Statistics Special Report, (Survey of 40 Counties, 1998), Juvenile Felony Defendants in Criminal Courts.* This special report included eight California counties (representing 32.3% of the total population studied).

[3]Felony judicial and detention/correction/probation costs were calculated based on cost information obtained from the State of California Controller's Office, Counties Annual Report, Fiscal Year 1999-00, available at www.sco.ca.gov and arrest information obtained from the California Department of Justice, report on Crime and Delinquency in California, 2000, available at the Attorney General's website: www.ag.ca.gov. Total judicial operating expenses were divided by the total number of arrests in order to obtain judicial costs per arrest. Juvenile detention costs were obtained by dividing the total juvenile detention cost by the total number of juvenile arrests. Since probation costs were not separated out in the report by juvenile versus adult costs, juvenile probation costs were obtained by multiplying the total probation cost by the proportion of arrests associated with juveniles. The probation cost per juvenile was then calculated by dividing the resulting juvenile probation cost figure (from the previous calculation) by the total number of juvenile arrests.

detention/correction/probation cost savings of approximately $1.3 million for felony arrests[1].

There are numerous other cost savings associated with reductions in arrests and convictions, including reductions in police/sheriff's department costs, lost family wages and school days, and victim costs. Also, cost-savings associated with misdemeanor arrest-reductions have not been included in the cost-savings estimates. Consequently, the cost savings estimates presented above are very conservative and represent only minimal estimates of the total savings achieved as a result of CSOC's reduction of arrests.

Outcome: In School

Children who are identified as having a serious emotional disturbance are more likely to miss school, fail more classes, and have lower graduation rates than other children with disabilities. However, the opportunity provided by CSOC to coordinate and deliver services in the school setting has lead to timely identification of problems and prompt interventions that decrease school absenteeism. Previous research has also shown that children provided with mental health services in a school setting are better able to manage behavioral problems and improve school performance.[2]

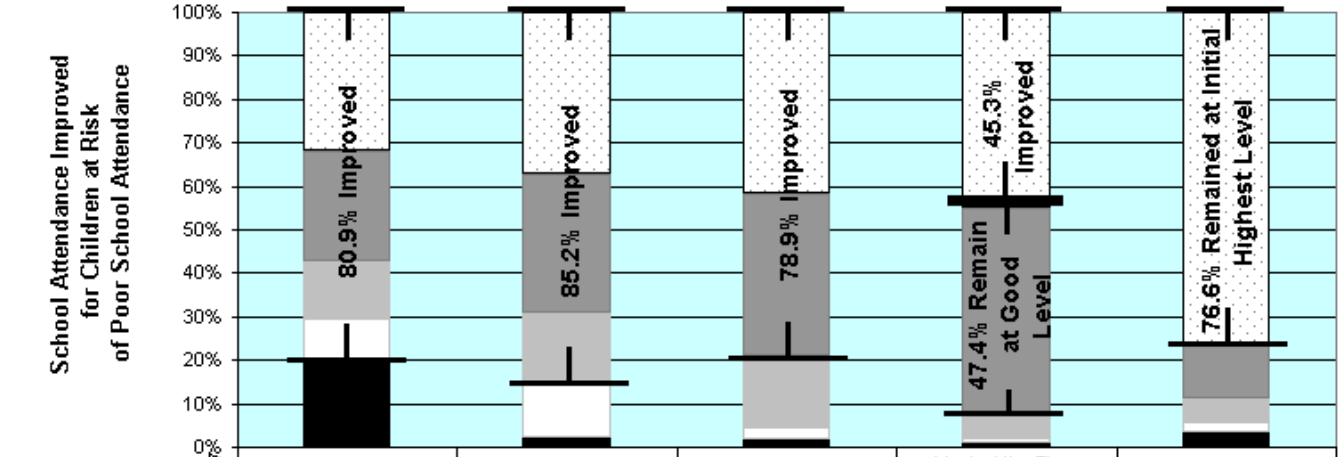
CSOC promotes effective collaboration among critical sources of support: families, child welfare, mental health, public health, special education, substance abuse and juvenile justice agencies and programs. The enhanced special day classes and wraparound services of CSOC are also used to supplement individualized education plan services. Because services are accessible in the school setting, children are more likely to attend school. School attendance increases skill development and functioning in daily life.

Sixty-six percent (2,122 / 3,198) of the children evaluated at the time of enrollment into CSOC were identified by history or initial assessment as being at risk of poor school attendance. Children (ages 5-18) at risk of poor school attendance and for whom school attendance data were reported for complete six-month pre-enrollment and update periods (N=1,688) were included in comparative analyses. School attendance increased for the majority of these children during the update period. The graph below shows the percentage of children in each pre-enrollment attendance category (Never, Infrequently, Sometimes, Most of the Time, Always) and their school attendance levels

[1] Although 1,402 children (ages 5-18, at risk of juvenile justice system involvement, and for whom numbers of arrests were reported for complete six-month pre-enrollment and update periods) were included in the arrest analyses, the total figure (3,198) was used as a basis for projecting the cost savings for the total number of CSOC enrollees (4,015). It is likely that the proportion of children at risk juvenile justice system involvement would be very similar between the group evaluated for this report (N=3,198) and the total 4,015 enrollees reflected in county work plans. However, restricting the base number of children in the projection calculations (as a function of age and completeness of available data) would have inflated the projected cost-reduction figures. Therefore, the total number of children evaluated (3,198) was used as a base figure and the resulting projected cost reduction figures are necessarily conservative estimates.

[2] Patterson, G.R. (1999). A proposal relating a theory of delinquency to societal rates of juvenile crime: Putting Humpty Dumpty together again. In M.J. Cox & J. Brooks-Gunn (Eds.), Conflict and cohesion in families: Causes and consequences (pp.11-35). Mahwah, NJ: Lawrence Erlbaum.

in the update period. The graph provides an evaluation of change, as well as stability of good/excellent school attendance. The percentage of children in the "Never," "Infrequently," and "Sometimes" school attendance levels whose attendance improved ranged from 78.9% to 85.2%, depending on the initial attendance level. Nearly 93% of children who attended school "Most of the Time" in the pre-enrollment period, increased or maintained their good level of school attendance, while 76.6% who "Always" attended school continued at that highest level. When initial levels of attendance were combined, 70.4% of children, overall, showed improved school attendance. An additional 12.1% of "at risk" children maintained good and excellent levels of school attendance. Adding these figures together yields a very positive result: Over 82% of children identified as at risk of poor school attendance improved and/or are maintaining good or excellent levels of school attendance.



Pre-Enrollment Period / Update Period	Never (N=157)	Infrequently (N=462)	Sometimes (N=713)	Most of the Time (N=232)	Always (N=124)
Always	31.8%	37.2%	41.9%	45.3%	76.6%
Most of the Time	25.5%	31.8%	37.0%	47.4%	12.1%
Sometimes	13.4%	16.2%	16.3%	5.2%	5.6%
Infrequently	10.2%	12.8%	3.2%	1.3%	2.4%
Never	19.1%	1.9%	1.5%	0.9%	3.2%

Outcome: At Home / Safe

CSOC strives to maintain children at home who are at risk of being placed outside the home. When children must be placed outside the home due to behavioral problems and/or due to life events outside their control, CSOC endeavors to reduce restrictive, out-of-community placements, and favors returning the child to his/her home, or the most homelike setting that is safe, appropriate and available.

Approximately 80% (2,572 / 3,198) of the children evaluated at the time of enrollment into CSOC were identified by history or initial assessment as being out-of-home or at risk of out of home placement. Children (ages 5-18) out-of-home or at risk of out of home placement and for whom living situation data were reported for complete six-month pre-enrollment and update periods (N=1,538) were included in comparative analyses. Table 5 (below) illustrates the complexity of the living situation picture for CSOC children over time; it shows types of living situations in the update period as a function of living situation type(s) in the pre-enrollment period. The groupings shown in the table reflect living situation(s)[1] throughout the entire pre-enrollment period and update period. Specifically, "home" means that children were at home continuously for six months; this category is indicative of the greatest stability in living situation. The other living situation types are presented in ascending order of restrictiveness, i.e., from most to least home-like. "Home-Like Setting(s)", "Group Home(s)", and "Juvenile Justice Placement(s)" potentially reflect movement across more than one placement during the six months within these categories. The "Combination of Placement Types" category reflects movement among the other categories, (and includes time spent homeless and/or in shelters) and thus represents the greatest instability in living situation.

[1] Home =Youth lives at home with one or both parents, or other caregiver(s). Home-Like Settings = Kinship homes, foster care homes, and foster family agency homes. Group Homes = Non-detention, privately-operated, residential homes for children in need of care and supervision. Juvenile Justice Placements = California Youth Authority, probation-run boot camps/ranches, and juvenile hall. Combination of Placement Types = The combination of two or more of the other living situation categories within the 6-month pre-enrollment period or update period. This category also includes placements reported as "other", shelters and time spent homeless.

Table 5.[1]	Living Situations in Update Period					
Pre-Enrollment Living Situations ⇩	**Home**	**Home-Like Setting(s)**	**Group Home(s)**	**Juvenile Justice Placement(s)**	**Combination of Placement Types**	**Row Total** (Pre-Period)
Home #	433	15	24	3	124	599
(Row %)	72.3%	2.5%	4.0%	0.5%	20.7%	100%
Home-Like Setting(s) #	16	102	15	0	23	156
(Row %)	10.3%	65.4%	9.6%	0%	14.7%	100%
Group Home(s) #	28	7	37	0	33	105
(Row %)	26.7%	6.7%	35.2%	0%	31.4%	100%
Juvenile Justice Placement(s) # (Row %)	8	0	0	2	11	21
	38.1%	0%	0%	9.5%	52.4%	100%
Combination of Placement Types #	190	48	68	48	303	657
(Row %)	28.9%	7.3%	10.4%	7.3%	46.1%	100%
Column Total # (Update Period)	675	172	144	53	494	1538

Shaded areas of the table indicate positive results obtained with regard to living situation changes. Most positive is the fact that 72.3% of children initially at home were maintained at home, despite their risk of out of home placement. Also CSOC returned 38.1% of the children initially in juvenile justice placements, 28.9% who initially experienced multiple placement types, 26.7% initially in group homes, and 10.3% initially in home-like settings to their home environments for the entire six-month update period. Additionally, 65.4% of children initially in home-like settings were maintained in home-like settings, while 7.3% of children who initially experienced multiple placement

[1] Totals may not add precisely to 100% due to rounding.

types and 6.7% who were initially in group homes moved to home-like settings for the entire update period.

For some children, however, out-of-home/homelike placements are necessary and appropriate, and the challenge surrounds stabilizing the child in a safe, appropriate setting so that positive (behavioral) changes may be accomplished. Approximately 25% fewer children overall experienced a combination of placement types in the update period as compared to the pre-enrollment period. This finding demonstrates that CSOC assessment and placement provides many children who would otherwise be passed from one placement type to another with the type of setting that is most appropriate to their needs. Although some of these settings may be relatively more restrictive (e.g., group homes and juvenile justice placements), placing children in safe and appropriate living environments optimizes their opportunities for improvement and success.

Although few children were in juvenile justice placements for the entire pre-enrollment period, results are positive for these children: In addition to the 38.1% who returned home for the entire update period (as mentioned above), another 52.4% experienced a combination of placement types in the update period. Although a combination of placement types in other circumstances would be most indicative of instability, for children with previous juvenile justice placements, it represents a more positive outcome because they spent less or no time in juvenile justice placements (and more time in less restrictive settings) in the update period as compared to the pre-enrollment period.

Future studies will incorporate methodologies that follow children across living situations in greater detail. Information on the sequence and frequency of living situation changes, not just with respect to living situation types, but with regard to each move the child must experience, will provide even greater understanding of the complexity of juvenile placement issues and the longitudinal efficacy of CSOC intervention.

Child and Family Satisfaction with Children's System of Care Services

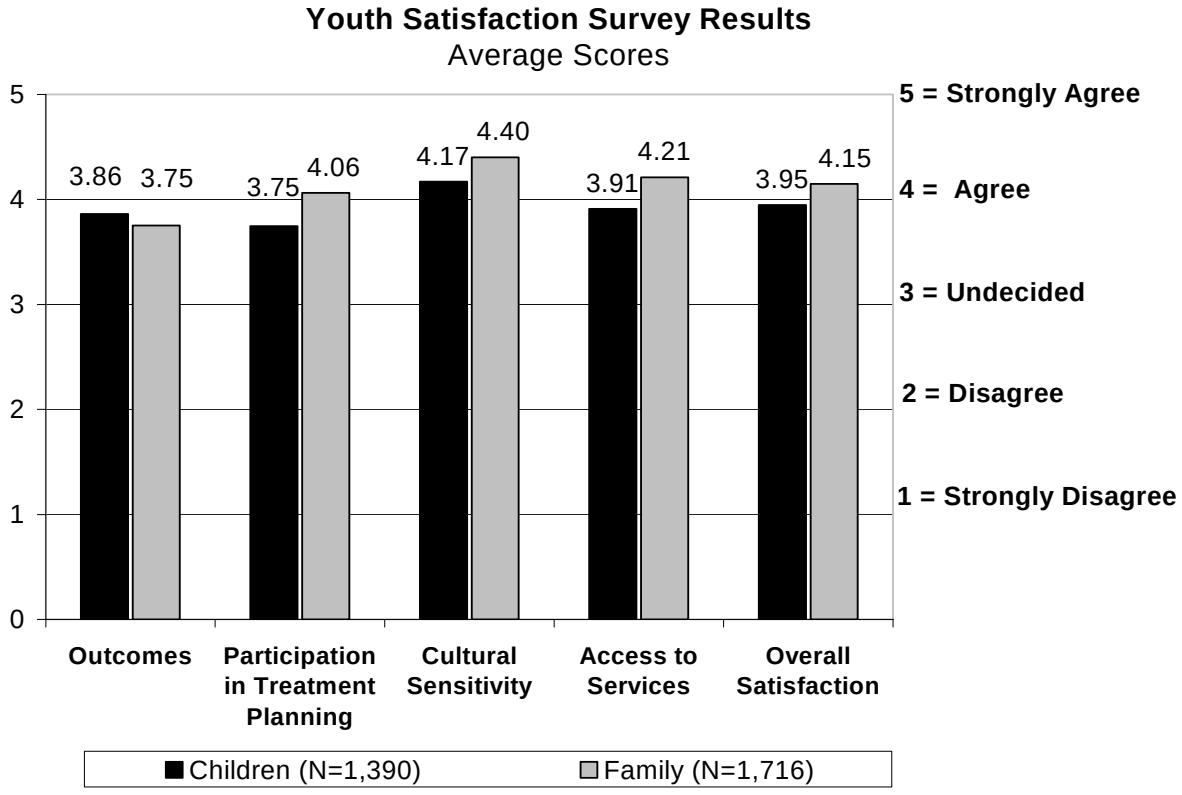
The Children's System of Care philosophy calls for active engagement and participation of children and families in decision-making processes, service planning and intervention. Furthermore, children's and family[1] perceptions of services guide quality improvement processes for CSOC programs. Therefore, children, ages twelve and older were asked to complete the Youth Services Survey (YSS), and family members were invited to respond to the Youth Services Survey for Families (YSS-F). The YSS and YSS-F are widely used throughout the United States and were developed by the National Center for Mental Health Services. The YSS and YSS-F assess several areas of service delivery, namely access, overall satisfaction, involvement in treatment planning, cultural sensitivity, and child outcomes. Response options are "Strongly Agree," "Agree," "Undecided," "Disagree," and "Strongly Disagree."

[1] For this report, the term family refers to parents, legal guardians, or primary caregivers for the child.

Figure 10, below shows the results for the YSS and YSS-F. Responses from 1,362 children and 1,667 family members indicated that overall, perception of services was quite positive. Family members rated access, overall satisfaction, involvement in treatment planning, and cultural sensitivity slightly more positively than their children, but were slightly less positive about children's outcomes than were the children.

Satisfaction ratings are used to improve CSOC services. As such, the present findings offer an opportunity to explore family member expectations of services, and further increase collaboration with family members. Also, the relatively lower rating children gave regarding their participation in treatment planning suggests that children should be involved in the collaborative process to a greater extent as well.

Figure 10. Child and Family Evaluation of CSOC



IMPLICATIONS AND FUTURE DIRECTIONS

This evaluation of the Children's System of Care demonstrated that children with serious emotional disturbance and their families are receiving the collaborative, intensive services necessary to achieve positive outcomes. The positive results obtained with respect CSOC goals of keeping children out of trouble, in school and at home (or in a safe, home-like setting) provide support for sustaining CSOC programs in California. CSOC currently provides numerous, needed services to children and their families. It additionally provides a valuable opportunity to evaluate potentially optimal interventions and increase our understanding of how best to treat children's disorders.

Future CSOC evaluations will utilize methods that will show potentially differential outcomes. For example, methods will be implemented that identify specific inclusion and exclusion criteria for study participants, comprehensively assess children with respect to those criteria, and develop appropriate treatment and study goals against which to measure short and longer-term outcomes. Studies will be designed that capture the differential nature of presenting problems and corresponding best practices. Evaluations will also include treatment duration and intensity indicators in order to maximize the understanding of treatment "dosage" effects.